

HPMC OMS is not a primary care provider and does not honor Advance Directives. To provide awareness about Advance Directives to patients or clients, HPMC OMS providers may initially discuss Advance Directives with you but will then refer you to your primary care provider for further details.

**HPMC** OCCUPATIONAL  
MEDICAL SERVICES

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HPMC Occupational  
Medical Services

Patient Rights &  
Responsibilities

HPMC Occupational Medical Services wants every patient to receive the best possible care. We want you to know and understand your rights and responsibilities concerning your care, your health care team and the clinic.

**Patient Rights**

Specific rights are listed below.

*As a patient I, or my legally authorized representative, have the right to:*

- Receive medical services and accommodations my health professional indicates are needed without discrimination due to my age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, marital status, sex, sexual orientation, and gender identity or expression.
- Participate in decisions involving my care, except when such participation is contraindicated for medical reasons, including any ethical issues that may arise.
- Know the name and responsibilities of the physician or other health care professionals who have primary responsibility for my care, and know the identity and professional status of the people caring for me.
- Receive from my health care professional and staff, to the degree that it is known and in terms I can understand, complete and current information about my diagnosis, evaluation, treatment and prognosis. Current information may include any unanticipated outcomes of care, treatment and/or services. When it is medically inadvisable to give such information to me, the information is provided to a person designated by me or to a legally authorized person.
- Receive from my physician and staff, except in emergencies, complete information about treatment or procedures that allows me to give informed consent prior to the time care is provided.
- Have access to emergency services if I present with acute symptoms of sufficient severity that the absence of medical attention would place my health in serious jeopardy, serious impairment to bodily functions or serious dysfunction of any bodily organ or part.
- Receive considerate and respectful care in a safe and private environment free of neglect, harassment and abuse.
- Receive care and treatment that respects my spiritual and cultural beliefs and practices.
- Change physicians or other health care professionals at any time if other qualified staff are available.
- If I am referred to another facility, organization, service or individual for further care, I have the right to be told whether the person or organization receiving the referral will benefit financially, so I can identify any potential conflicts of interest.
- Refuse any or all parts of an examination, test or procedure to the extent permitted by law and be informed of the medical consequences and risks of my actions. Please note that medical clearances may be withheld if I refuse a procedure that is required by regulatory standards or is necessary to determine if I can safely perform my job.
- Expect that all communications and records pertaining to my care are treated as confidential.
- Have access to my medical record within a reasonable timeframe and within the limits of the law.

## Patient Rights

*continued*

- Be informed of any outcomes of care when they differ significantly from the anticipated outcomes.
- Participate or not participate in research, when conducted.
- Be provided appropriate privacy at check-in, in evaluation areas and all other surroundings other patients, visitors, or HPMC OMS staff.
- Expect that any discussions involving my care will be conducted only with those who need to be involved.
- Have my medical record read only by individuals directly involved in my care or in the monitoring of its quality or other operational uses.
- Request or refuse services from a particular health professional. If you have concerns or questions regarding your care, ask your health care professional to contact the Clinic Director or Site Occupational Medical Director (SOMD).
- Receive competent interpretative services, free of charge when needed. Your health care professional will help you obtain these services.
- File a grievance and be informed of the process to review and address the grievance without fear of retaliation or retribution from my provider or the organization.

## Patient Responsibilities

Specific responsibilities are listed below.

*As a patient I, or my legally authorized representative, have the responsibility to:*

- Work with my provider and HPMC OMS staff by providing, as best I can, any personal and medical history information that they might need. This includes current problems, past problems, medications, over-the-counter products, dietary supplements, and any allergies or sensitivities and any condition or situation that may have an impact on my health and the choice of treatment.
- Provide complete information about my healthcare condition and medical history, report my care and health risks as I perceive them, and ask questions when I do not understand what I’ve been told about my care.
- Notify my care provider or physician when I believe that my safety is at risk during my care or I experience an unexpected change in my condition.
- Notify my care provider or physician of symptoms or healthcare problems, even if they are not related to my primary visit.
- Follow the agreed-upon plan prescribed by my health care professional and participate in my care.
- Inform my care provider or physician if I do not understand instructions or if I will be unable to follow them.
- Accept the consequences of my actions if I choose not to participate in the recommended treatment plan.
- Understand that certain health problems may require modifications to my medical clearance for work, including application of work restrictions.

- Understand how to continue my care after I leave the clinic and to maintain good self-care activities to prevent health care problems.
- Responsible for knowing when and where to get further treatment, and what services I might need at home and/or work to continue with my treatment or care plan.
- Observe safety regulations.
- Assist the staff in providing a quiet, courteous atmosphere for myself and others.
- Monitoring my visitors, following the smoking prohibitions (this is a smoke-free facility), and using the telephone, electronic devices and lights in a manner that does not disturb others.
- Provide a responsible adult to provide transportation home and to remain with me when directed by a health care professional.
- Treating the HPMC OMS staff with consideration, for using the facilities and equipment appropriately and for treating all persons with respect.
- Not threaten or harm other patients, or staff.
- Not destroy the property of patients, staff and facilities.
- Be financially responsible for any tests, procedures, and examinations obtained independent of HPMC OMS to provide information about my ability to work.
- Be aware that HPMC OMS may limit or alter my visitation rights under certain circumstances, including but not limited to the following:
  - There may be infection control issues.
  - There is disruptive, threatening or violent behavior of any kind.

## Complaint and Grievance Management Process

If we fail to meet your expectations, we invite you to share your concerns regarding care, patient safety and quality of care. You may voice concerns to:

- Any employee
- A health care professional
- Patient Representative
- Clinic Director
- SOMD

You may also voice these through the use of a customer service card located in our waiting rooms or as part of the patient satisfaction survey you will have the opportunity to complete.

We encourage you to resolve complaints immediately at the time of service. If you feel that any of your concerns/complaints have not been resolved to your satisfaction, you may initiate a formal grievance and notify the Patient Representative by calling 509-376-6565.

You will be contacted by the Patient Representative to acknowledge receipt of your complaint. The information will be reviewed internally, and a written response will be sent to you within a reasonable time frame. The letter will have the name of the contact person for any further correspondence and communication, and that individual will provide a response with the resolution upon completion of the review.

Should you choose not to use our complaint process, or if you are unable to resolve a concern(s) to your satisfaction, you also have the right to contact: DOE Office of Special Concerns (509-376- 6230) or Washington State Department of Health Systems Quality Assurance (360-236-4700).